Crisis Response

Generally speaking, in almost every case, Peer Support Providers will not provide crisis prevention services without further specialized training. However, it's possible that we will encounter situations that seem to be a crisis. Perhaps a person receiving services has experienced a traumatic or painful event. Or the person may be having very difficult symptoms. We may work with someone who is feeling suicidal. Whether or not we are trained to handle a crisis, it's possible that we will be the first person to discover someone needing a quick response. This section will help you recognize when you should act quickly to provide necessary support, and will also suggest when and who to call for help.

"Crisis" defines a state of being in which the person feels overwhelmed, unable to cope, perhaps experiencing very serious emotional pain or fear or other distress. The key factors that make it a crisis are that it is time-limited ("acute") and that it feels very unmanageable to the person experiencing the crisis. This feeling of being overwhelmed is what often leads people to consider suicide. Even a suicide "attempt" or "gesture" may be a signal that the person is in a great deal of pain and turmoil. Take care not to minimize behavior that you judge to be an "attempt" or a "gesture." It may be easy to dismiss those actions as "attention-getting" behavior. Consider this: if you are in so much pain that you take actions to harm yourself, no matter what your ultimate intent, you *are* asking for attention. You are asking for someone to help you find relief from the pain. You may not be asking in the most effective way, but as service providers, we should honor that request.

Crisis is not an event that can be judged from the outside. Like trauma, the experience of crisis is very personal. A specific event, such as a disaster, may provoke an experience of trauma and crisis in some people, while others are able to cope with the experience and move on. Since everyone experiences stressful events in life, many people are susceptible to the experience of crisis. Several factors influence whether a person will be able to handle stressful events, or will find themselves in crisis:

- The event itself: its intensity, its nature (a plane crash? A fender-bender?)

- The meaning of the event to the person experiencing it (how that person perceives the meaning)
- The existence of personal and environmental supports (the person's perception of adequate supports) (Ell, in Turner, 1996)

For people living with mental illness, the stressful event may be intensifying symptoms, especially when that person has struggled with symptoms over a long period of time. Or the person may have a sudden return of intense symptoms after being relatively symptom-free.

Does it matter whether a crisis is caused by an ordinary human emotional response to traumatic events, or by internal symptoms? Probably not. The end result of either will be significant discomfort, pain, fear, and perhaps desperate acts to find relief from that discomfort. As Peer Support Providers, we may find ourselves in a position of concern about someone who, we believe, is feeling the kind of despair that puts them at risk of suicide or other injury. Our first task is to be able to recognize crisis.

Have you ever experienced the kind of crisis in which you considered harming yourself?_____

_____

_____

What warning signs did you exhibit that others might have noticed? _____

_____

_____

_____

_____

What other warning signs might you see in someone who is feeling suicidal? _____

_____

_____

_____

_____

There is a difference between actions that are aimed at suicide, and actions that are self-harm. A person who cuts himself may not be attempting suicide, and the injuries are not usually life-threatening. The person will usually be able to tell you whether he was aiming to end his life, or expressing pain through self-injury. However, our concern for the person's safety should not be ended because someone tells us they were not intending suicide. Self-harm is also an expression of very deep pain, and also deserves our concern and our support. It can become life-threatening when it's continued. Therefore, while self-injury may not call for the same urgency of response as suicidal behavior, it does require a response.

Warning Signs of Suicide

Long-term, unrelieved anxiety	Depression
Giving away belongings	Talking about it
Sleeplessness (chronic)	Hopelessness
Putting affairs in order	Use of alcohol and/or drugs
Stockpiling medications	Reckless behavior
Sudden state of calm	Unrelenting symptoms, such as voices

The warning signs listed above are some—not all—of the indicators that someone needs quick help in order to stay safe. The lists that you generated earlier should also be considered. When you see any of these warning signs, you should immediately take action to help the person stay safe. What kind of action might you take? _____

_____

_____

_____

_____

Check with your employer to learn their guidelines for notification. They will have a routine for you to follow with clear directions about who to call, when, and what to say. You should always follow the instructions of your employer about handling crisis.

What if the person tells you "in confidence" that they are stockpiling medications for a suicide attempt? Is this a conflict of interest with their right to confidentiality? It may seem like an ethical dilemma. However, our duty to help people stay safe is an ethical value of a higher order than our duty to protect their confidentiality. Keeping secrets that may affect a person's life or safety is not an option. You may worry that, if you tell the "secret," you will lose the trust of the person. It is possible to handle this in a way that preserves your relationship of trust, while at the same time keeping the person safe. Keep in mind that keeping the person safe is more important than keeping their trust.

We talked about what action you might take if a person is showing some warning signs of suicide. Some agencies use a suicide contract or safety contract. This document asks the person to promise not to harm themselves until they meet with the service provider again. Other agencies do not use a safety contract, but instead work with the person to prepare a safety *plan*. You could use the Crisis Plan part of a WRAP or any other plan you have prepared that helps you get through hard times. If you are the Peer Support Provider working with someone in a crisis, you can help them think through some activities and support that will help them get safely through the crisis.

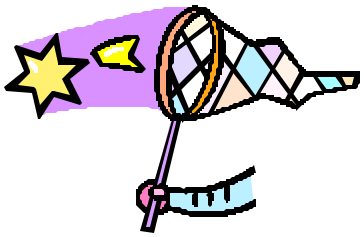
Think about the factors that contribute to people finding themselves in crisis: the intensity of the event, the meaning of the event, and the existence of adequate supports or coping tools. As the PSP, we have no impact on the intensity of the event. Most of us do not have the training to help people uncover the meaning of the event. We can, however, help people acquire or mobilize the resources they need to get through the crisis. These resources may be both internal and external. What kinds of resources do you think could help people weather a crisis? _____

_____

_____

Here are some questions you can ask to discover resources:

- What have you done before when you have felt like this?
- What helped you get through a crisis in the past?
- Who do you know that always makes you feel better?
- What friend or relative would be willing to call you or come over?
- What people are especially important to you? Do you have a picture of them?
- After this crisis is over, what are your hopes and dreams?
- How important are those hopes and dreams to you?
- Who in your life relies on you for support?
- Who would miss your presence if you were no longer here?
- What plans can you make to keep you busy and supported?



Along with asking questions to help them mobilize their resources and get adequate support, there are some things you can say to help the person regain hope that they can get through the current crisis. What kinds of things helped you when you were in crisis?

_____

_____

_____

_____

_____

_____

You can say:

- Here's what helped me get through my crisis.
- I really care about you and I want you to be safe.
- I understand that you're (really tired, in a lot of pain, feeling hopeless, etc.).
- I believe that you can get through this, and I want to help you.

If someone has told you "in confidence" about a suicide plan and asked you to keep it a secret, don't agree to do that and then report it. You must report it, but that should not be a secret. Don't be afraid to say, "no, I cannot keep this a secret because I care about you and I want you to be safe." Have a conversation with the person about who you will call. If possible, encourage the person to call for help, rather than you calling for them. This is an active step for them that supports the desire to live and stay safe. Telling the person clearly what you are going to do will help preserve your relationship of trust. Do not agree to keep this a secret!

Depending upon the urgency of the crisis, you may need to call:

- 911
- Ambulance
- Crisis line
- Supervisor
- Case management provider
- Physician
- Family member

Be sure to follow your employer's guidelines when deciding who and when to call. If the situation is not critical, spend a little time talking with the person about what they are experiencing, so that they know you really care about them. If you are seeing warning signs of suicide, do not be afraid to just ask if someone is thinking about hurting themselves or about suicide. You do not have the power to make people do that just by saying it, and if they were not already thinking about it, you will not push them into that thought. Simply ask if you're wondering. People will appreciate that you care enough to ask.

Let's try some role plays with this. In pairs, work through at least three scenarios in which one person plays the person in crisis, and the other plays the Peer Support Provider. The person in crisis should be convincing, but not impossible. If the Peer Support Provider does something useful, let them help. Play out each scenario until the person in crisis feels that the PSP has been effective. Give each other feedback about the things that were helpful.

Remember, crisis is a human experience that many people will encounter in their lifetime. Crisis is not always an indicator of mental illness; it may just mean that life events are overwhelming and the person does not have adequate support. The overall response to crisis may include medical assistance and medication, support, community resources, and lots of connection with people who remember that there is hope. As the Peer Support Provider, you may be able to offer support, connection, and access to resources. You can always offer hope.

References

Ell, Kathleen (1996). Crisis theory and social work practice. In F.J. Turner (Ed.) *Social Work Treatment* (4th Ed.) (pp. 168-190). New York: The Free Press.

Disaster and Traumatic Events

Talking about disasters and traumatic events is difficult. Even thinking about them may cause us to have a stress reaction. Our blood pressure may rise, our heart rate may increase, we may sweat or feel dizzy. These are not pleasant feelings. However, as a Peer Support Provider, you may be called upon to provide service during times of disaster and crisis.

The Oklahoma City bombing, the destruction of the World Trade Centers, hurricane Andrew, numerous earthquakes in California, the floods that occurred in 1991, along with tornados, fires and the many shootings at schools and post offices demonstrate our vulnerability to disaster and the fragility of life. Just naming these events can make us feel stress. As Peer Support Providers, many of us have experienced trauma in our lives. This can help us to be wonderful helpers in times of great need. It can also increase our sensitivity and feelings of helplessness. First, understand that those feelings in these types of situations are not a symptom of your mental illness; they are normal human emotions and responses to overwhelming situations.

There are some skills we need to learn so we can be good helpers in a disaster, and there are things that we must learn about taking care of ourselves in these particular situations. This part of your training will address those areas. Remember that learning is a life-long process and your skill development in this area should continue as you work.

Has anyone ever been in a disaster? List some of the feelings you had directly after the event and in the weeks that followed.

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Can anyone share what they wrote?

To get ourselves back on track, we can do a moment of deep breathing and relaxation. This is not an easy topic to explore but we are in a safe place right now with people who care about us and we can support each other as we move through this.

We are strong and courageous and we have lived through lots of difficult things in our lives. We can take what we have learned through those experiences and make them into our strength. Soon after forest fires, little sprouts of living plants begin to grow out of the ashes. They were deep in the dirt, yet with the fire, the sun and the rain fall upon the ground and cause these tiny plants to grow. We are like those little plants we grew out of difficulty and are now like mighty trees standing tall even with the memory of that fire that let us truly spring to life. We are fully alive human beings, because we know the beautiful side of life and the difficult side of life.

Recognizing Trauma

What are some of the signs that someone is feeling traumatized? Here is a list from an American Psychological Association on-line article, Warning Signs of Trauma Related Stress, (www.apa.org/practice/ptsd.html, 2/22/2003):

~ Recurring thoughts or nightmares about the event
~ Having trouble sleeping or changes in appetite
~ Experiencing anxiety or fear, especially when exposed to events or situations that remind the person of the trauma
~ Being on edge, easily startled or becoming overly alert
~ Feeling depressed, sad and having low energy
~ Experiencing memory problems including difficulty in remembering aspects of the trauma
~ Feeling "scattered" and unable to focus on work or daily activities
~ Having difficulty making decisions
~ Feeling irritable, easily upset, or angry or resentful

~ Feeling emotionally "numb," withdrawn, disconnected or different from others
~ Crying for no reason, feeling a sense of despair and hopelessness
~ Feeling extremely protective of, or fearful for the safety of loved ones
~ Not being able to face certain aspects of the trauma, and avoiding activities, places, or even people that remind them of the event

If you are called to help during a large scale emergency situation, you may also feel some of these things. So, at the same time you are helping others, you must take time to rest and connect with other helpers. That way you can support each other as you help the people you are serving. It is important for you and the people you serve to always remember that you are experiencing "**normal**" reactions to a very "**abnormal**" situation (Baldwin, Trauma Pages). David Baldwin writes that disastrous events "are so far outside what we would expect, these events provoke reactions that feel strange and 'crazy'."

What can you do to help someone who is experiencing trauma?

- Listen
- If someone feels anger or sadness, let them
- If someone wants to pray, let them and assist them as they define what they need to do to feel connected to their spiritual and religious beliefs (do not try to make them believe what you believe)
- Do not associate their behaviors and experiences with pathology
- Look for the coping skills they are using and help them identify them
- Do not minimize their experience by telling them "everything will be okay"
- Let them tell their story as many times as necessary so that they can express it
- Be trustworthy and sensitive
- Help them to identify ways to move through the event, letting them take the lead
- Assist them in finding services that are available to help them
- Refer them to counseling for crisis intervention
- Just be fully with them, let them find meaning in the experience

As you work, it is important that you be aware and in touch with what is going on inside you. Everyone has heard of burn-out…burn-out happens when we continuously deny the reality of our experience or minimize our own feelings. While there is a time to take care of yourself (do

not abandon a person you are serving to tell them you have had enough, it is time to go home), do it on a regular basis and whenever you get a break in your work. What tools would you use to help relieve your stress level if you were working in an emergency situation?

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Anyone care to share? It might help others build their tools.

It is very important that you have a wide range of options at your disposal. If you are working in a Red Cross unit or some other type of job where you are regularly called upon to help in disaster or emergency situations, perhaps you could make a stress relief kit that you keep packed and ready. That way, whenever you are called you can grab your bag or box and go.

This is hard work, but you can do it!

References

American Psychological Association. (2003). *Warning signs of trauma related stress.* www.apa.org/practice/ptsd.html

Baldwin, D., (2003). *About trauma.* www.trauma-pages.com 2/22/2003.

Holmes, L., (2003). *Feeling vulnerable.* Mental Health Resources. http://mentalhealth.about.com

Drugs and Alcohol

A person who has both psychiatric illness and substance abuse difficulties is said to have a dual diagnosis (sometimes "co-occurring disorders"). Some studies show that between 25% and 60% of people with serious mental illness have co-occurring disorders (NAMI, Meuser, Ridgeley et al); the percentage of people using crisis services who have dual diagnosis may be even higher. Because it's more common for people to have co-occurring disorders than to have mental illness by itself, it's important that Peer Support Providers have some understanding of the issues around the use of drugs and alcohol.

Let's get clear about our terms. Is there a difference between drinking an occasional beer and having an alcohol problem? _____

Is there a difference between smoking marijuana occasionally and having a drug problem? ___
_____

Can a person drink one six-pack of beer on the weekend and not have a problem? _____

Where do you think the line exists between casual or social use of alcohol and having a problem with alcohol? _____
_____
_____
_____

Who do you think decides when a person is having a problem with alcohol or drugs? _____

_____

_____

Remember that, as Peer Support Providers, we are not qualified to diagnose a substance abuse problem, nor are we qualified to treat those problems. What we can do, however, is help people clarify what they want and support them in getting what they want.

Do you think there are reasons to be concerned if someone we serve is using alcohol or drugs? What might those reasons be? _____

_____

_____

_____

_____

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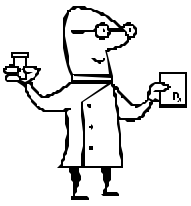


There are probably lots of reasons why we might be concerned about someone's use of drugs and alcohol. Some of those reasons have nothing to do with our role. From our role as the Peer Support Provider, the *most* important reason to be concerned is that alcohol and drugs can have unpleasant interactions with psychiatric medications. If the person we serve is taking medication and also using drugs and alcohol, we might want to find out if the prescribing physician is aware of that. Using alcohol or other drugs with psychiatric medications can be dangerous.

Use of drugs or alcohol is not a moral issue. It may create legal difficulties, but it is usually not our role to enforce the law. It is not an issue of strength or weakness. You will probably have some strong opinions and ideas about this. You may even have experience with drug or alcohol use and recovery. If you do have experience or strong ideas, remember that it is not our job as the Peer Support Provider to tell someone when they have a problem, nor is it our job to prescribe a means of treatment for that problem. Well, what *is* our role, then?

The role of the PSP

Do you remember how we described the role of the Peer Support Provider? What was it? ___

_____

_____

_____

_____

Do you think there's any difference in the way you would support someone if they were using drugs as well as experiencing psychiatric symptoms? Why or why not? _____

_____

_____

_____

_____

If you have experienced problems with drugs or alcohol, think back to the reasons you used. Most of us believe now that we were "self-medicating," trying to relieve our psychiatric symptoms (or other significant discomfort) with self-prescribed substances. In other words, we used because we were in pain. It's important to remember that when faced with someone who's using. We don't use to be stubborn, or to ruin our lives, or to put ourselves and our loved ones in danger. We use to relieve pain.

Let's look at some common characteristics of mental illness and substance abuse.

Mental Illness	*Substance Abuse*
May not know recovery is possible	May not know recovery is possible
Often shunned by family and others	Often shunned by family and others
May think symptoms must be kept secret	May think using must be kept secret
Symptoms may interfere with work	Using may interfere with work
Experience of symptoms is often painful	Using is often a means to relieve pain but the experience itself can become painful
Medications may be an effective tool	In some cases, medication helps
Lots of ways people can help themselves manage symptoms	Lots of ways people can help themselves stop using
Support of peers is very helpful	Support of peers has been shown to be helpful for over 60 years

Because traditional treatment methods for substance abuse have been so different than those employed for psychiatric illness, we often don't realize how much the two experiences have in common. Some may argue that mental illness is a biological illness that strikes without warning, leaving no possibility for prevention. This makes it an "inside-out," no-fault experience. Substance abuse, on the other hand, is "outside-in," an externally imposed difficulty that could be prevented by choosing not to use drugs and/or alcohol. For this reason, many people still attach some blame to people who have difficulty with substances.

Just for now, let's set aside all arguments about causation. There are lots of theories about both mental illness and substance abuse, and not much proof about any of the theories. What we do know is, both mental illness and substance abuse are treatable. Both can be managed with a combination of personal management skills and outside support (professional or peer). As Peer Support Providers, our best approach would be to treat problems with substance abuse no differently than we would any other challenge experienced by the person we're serving. In other words, we support and encourage any effort toward recovery; help them find and access resources; provide information where needed; and model hope.

Roads to Recovery

Many people are familiar with 12-step recovery (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Overeaters Anonymous, etc.). These programs are widely available in just about any city or town. They are free, and just about anyone can attend. Some people believe that this is the best—or only—way to recover from substance abuse problems. It's true that 12-step programs have helped many people recover. It's also true that approximately half of the people who initially attend 12-step recovery programs do not find recovery there. These people either continue using, or find recovery through some other program or method. In fact, the research findings are widely varying, but there is a lot of evidence to suggest that most people actually resolve problems with drugs or alcohol without receiving any kind of treatment or self-help program (Cloud & Granfield, 2001).

Different people have different needs. No one program of recovery will work for everyone, just like no one medication works for everybody. As a Peer Support Provider, you can help by knowing lots of ways in which people can recover, and providing that information. You may have experience with a particular program of recovery, and you can share that experience, but be careful not to make it seem like the *only* way to recover. If you tell someone that your program is the only way to recover, and they don't make it in that program, they will feel even more hopeless about quitting. Do your best to set them up to succeed, whatever it takes for that person.

Let's take a look at some positive and negative aspects of 12-step programs. Then we'll have a brief introduction to five other self-help programs, plus some information about "natural resolution" (quitting without any formal treatment).

	
Available in most every city or town	Convinces people that they are powerless
Provides a lot of social interaction	Judeo-Christian foundation is difficult for many people
Sponsors act as informal "guides"	Claims that users have an incurable disease
Can meet people who don't use	Requires accepting a label for life
Works well with Judeo-Christian religious orientations	Abstinence is the only acceptable goal
Can be supportive of other life challenges	Meetings may replace the substance of choice

This quick sketch of some of the strengths and challenges of the 12-step approach is not intended to be an attack on 12-step programs; it's merely an observation from a neutral perspective about some of the strengths and the difficulties that people have found with this approach.

Rational Recovery

This program was developed as an alternative to 12-step programs. Originally, Rational Recovery (RR) utilized a group setting, similar to the meetings of 12-step programs. In the meetings, cognitive-behavioral techniques were introduced to help people change thought patterns and manage motivation. RR has recently changed its approach and no longer supports regular meetings. Instead, people interested in this program undergo a brief training period in which they learn the specific techniques. For more information, go to their website at www.rational.org/recovery.

SMART

SMART stands for Self Management And Recovery Training. This program evolved from Rational Recovery. It is grounded in the theories of Dr. Albert Ellis, utilizing cognitive-

behavioral techniques. SMART still utilizes meetings. According to SMART theory, people - typically attend meetings for approximately a year, utilizing and practicing the cognitive-behavioral techniques to regain control over their lives. At that point, most people stop attending and consider themselves to be free from their addiction. The tools used by SMART are very effective, and could be used by anyone in any program. For more information, see their website at www.smartrecovery.org.

Women for Sobriety

This program developed with the realization that many women, in particular, have difficulty with 12-step programs. The recovery program is based on 13 statements that form the "New Life Program" for participants. It's grounded in various theories including cognitive-behavioral, feminist, and self-efficacy theory. On-line meetings are available. For more details, see their website at www.womenforsobriety.org.

Secular Organizations for Sobriety

This program is the most like 12-step programs. It was developed as an alternative to 12-step programs, without the spiritual component. SOS subscribes to the disease theory, unlike the three programs just mentioned. For more details, see www.cfiwest.org/sos.

Moderation Management

Some people (admittedly a small number) are able to manage their use of alcohol, rather than having to stop completely. This program says very clearly that it's not for everyone. In fact, the founder of this program later decided that for her personally, abstinence was the only healthy option. Moderation Management does not operate under the disease theory, and abstinence is not the only goal. For more information, see www.moderation.org.

Natural Resolution

Some people—actually a fairly large percentage—are able to stop using drugs or alcohol without using any specific drug or alcohol treatment or self-help. They do this through many means, but most methods involve having significant support from others, and having a meaningful path in life. Support can come from family, work, friends, neighbors, or members of some other community such as a faith community or exercise group. A meaningful path may be career, volunteering, parenthood, education, or spiritual path.

Natural resolution has some benefits over formal treatment. The recovering person is less likely to experience and internalize the stigma associated with the addict identity. She may feel very confident and capable as a result of making such a significant life change. This translates to an increased sense of empowerment. Without treatment or meeting obligations, the person's life is disrupted much less, and there is no financial impact.

Obviously, not every person is a candidate for natural resolution. It is more difficult for people who lack support, have other significant life issues, or have minimal self-reflective abilities. If you're working with someone who is interested in trying this, here are some questions they should ask before choosing this method:

Do I have a strong desire to change?
Why should I quit? What are the costs and benefits of using?
Have I developed a plan for change?
What is my ultimate goal?

Recovering through natural resolution is a lot like recovery from mental illness. The person working toward recovery will consider several important factors, including building a supportive environment, relying on strong relationships, enjoying recreation and creative opportunities, restoring physical health and fitness, finding interesting and satisfying work, tapping into spiritual or religious beliefs, and identifying one's place in the context of the community. As a PSP, you can encourage the person to develop a complete plan that includes these factors.

References

Cloud, W. & Granfield, R. (2001). *Recovery from addiction: A practical guide to treatment, self-help, and quitting on your own.* New York: New York University Press.

Meuser, 1998. Retrieved 3/9/03 from http://www.sohp.soton.ac.uk/mentalhealth/9

National Alliance for the Mentally Ill (NAMI). Retrieved 3/9/03 from http://www.nami.org/helpline/dualdiagnosis.htm

Ridgeley, Osher, Talbot, 1997. Study conducted by SAMHSA. Retrieved 3/0/03 from http://www.psychosocial.com/dualdx/comrbid1.html#FINDINGS

Grief and Loss

Grief is an ordinary human emotion that accompanies the loss of something significant in our lives. Every person can expect to experience this emotion at some time in life. We may encounter grief when a loved one dies, or an important relationship ends. We may also experience grief at times of other significant changes, including a major move, change in career, even changes such as growing from a "young adult" into midlife. More commonly, and most significant for us, many people experience profound grief when an expected life path becomes closed to them, by illness or disability or other means. Grief is very common to people who are diagnosed with serious mental illness, especially when that diagnosis includes a prediction that they must abandon dreams for career, relationship, family, or any hope for a "normal" life.

What sort of things have you lost in your life? _____

_____

_____

_____

_____

What helped you recover from that experience of loss? _____

_____

_____

_____

_____

John Bowlby is a psychiatrist who studied the grief process and wrote several books. He theorized that people who experience grief undergo four stages:

- ☆ Numbing: a few hours to several weeks of feeling numb or dissociated, sometimes interrupted by very intense distress and/or anger
- ☆ Yearning and searching for the lost person or circumstance: this may last for several months to even several years
- ☆ Disorganization and despair: a period in which the person feels hopeless and helpless, and has difficulty managing life tasks
- ☆ Greater or lesser degree of organization: a phase of integrating the loss into life and making sense of life after the loss

Most people will experience all of these stages, but not necessarily in this order. In addition, moving through grief is similar to recovery from mental illness in that it does not occur in a straight line. A person may experience numbing, then yearning and despair simultaneously, then return to anger or numbing. This may occur repeatedly throughout the process. Each person's process will be individual; there is no specific "right" or "wrong" way to move through the process.

Notice that "despair" is one of the stages. Do you think this might look like a diagnosis of depression? _____

_____

How do you think it might be the same? _____

_____

_____

_____

Do you think it's important to distinguish between grief and depression? _____

_____

Why or why not? _____

_____

_____

_____

_____

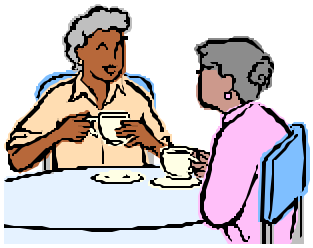
As Dr. Bowlby theorized, it is possible to stay in the "numb" state for quite some time. Some people would refer to this period as "denial." We think that people are capable of doing amazing things in order to protect themselves; sometimes a state that looks like "denial" simply means that the person has not felt sufficiently safe or supported to process and move through the stages of grief.

Following is a list of some experiences of loss that are common among people with a psychiatric diagnosis.

- ☆ Loss of family members or friends to death
- ☆ Loss of intimate relationships due to stigma
- ☆ Loss of educational opportunities
- ☆ Loss of health due to medications, poverty, or lack of health insurance
- ☆ Loss of career possibilities
- ☆ Loss of dreams
- ☆ Loss of children or family
- ☆ Loss of bodily integrity through violence and abuse
- ☆ Loss of expectations
- ☆ Loss of roles with dignity and respect
- ☆ Loss of expected income
- ☆ Loss of support by friends and/or groups

What others can you think of? _____

_____



Since loss is such a common experience for people with a psychiatric diagnosis, it's likely that many people will experience grief. However, in some cases it's possible that the grief was overlooked because of the person's diagnosis. Sometimes our grief is treated as though it was depression. Some of the things we do to help depression can be useful for grief, as well. For instance, some people are helped with medication for a period of time. However, getting over grief takes more than medication. Grief is more complex than depression.

When you have experienced grief in your life, what helped you get through that experience?

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The grief of people with a psychiatric diagnosis may be invisible and overlooked. You can start by validating a person's losses. Ask questions about the person's life. Find out what they have lost. Acknowledge that the losses are significant and important. Encourage the person to talk about it. Give the person permission to grieve.

Support is one of the most important factors in recovery from grief. It takes time, but most people are able to process and work through grief more quickly if they have someone who will listen. Some people will need to talk about their loss over and over again. Be patient; keep listening.

In the final phase, people begin to reorganize their lives around the loss, to make sense of what happened, to rearrange meaning and purpose. If you have experienced the grief process, you understand how this happens. For example, let's say you were engaged to marry a person whom you had dated for five years. Your plans and dreams were all centered around a life with this person. Suppose the person broke it off and ended the relationship. You would certainly experience a period of grief for the loss of the life you had planned. You may grieve for the loss of those dreams. After a period of time, you would begin to put your life back together, thinking about how it might now, creating new plans and dreams, and somehow making sense out of what happened.

As a Peer Support Provider, you may have an opportunity to help people begin to rebuild and reorganize their lives. Be careful not to push people into this stage; grief is not a process that can be rushed. Each person moves through the process at his own speed. In addition, remember that each person knows best what works for him or her. We cannot reorganize someone's life for them. You can, however, support people in considering these things when it appears that someone is ready to do that. You can ask questions that will help the person consider what might come next, or how their life will continue in this new way. You can encourage the slow awakening of hope.

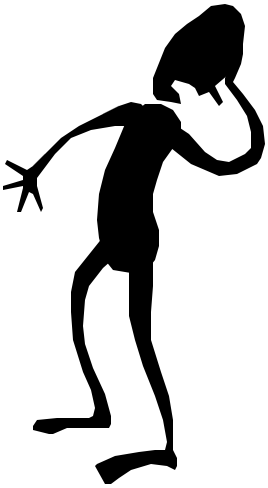
Resources

Bowlby, John. Retrieved 5/3/03 from http://www.growthhouse.org/books/bowlby3.htm.

Trauma and Psychiatric Symptoms

Have you ever wondered what caused your psychiatric symptoms? There are many different theories about causation. Some researchers say that mental illness is entirely biological, caused by chemical or genetic imbalance. Some say that psychiatric symptoms are caused by life circumstances, including trauma. For your work as a Peer Support Provider, this debate is not particularly important; no matter what the cause, we still know that people can and do recover. No matter the cause, we still know that medication can be one of many recovery tools.

Regardless of whether trauma is a causative factor in psychiatric illness, there is significant research showing that a large percentage of people with psychiatric symptoms have experienced trauma, either before or after receiving a diagnosis. The experience of trauma has a huge impact on people: depending on a number of factors, trauma can cause biological and developmental difficulties that haunt the person throughout life. In fact, as a result of trauma, people learn to view the world in a disordered way that is then transmitted to their children. The effects of trauma can be seen several generations later in some families. Because this effect is so profound, we must consider how to help people who have experienced trauma, whether or not we think it has any relation to their psychiatric symptoms.



To begin, what do we mean by trauma? List everything you can think of that might be considered traumatic.

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Many different things can cause trauma. In your list, did you remember to include things like poverty, loss of a parent, war, natural disasters, accidents, discrimination?

An event that is perceived as traumatic by one person may not be as difficult for another. Some people seem to be more resilient than others. There is some evidence to suggest that people who are more resilient have better social support networks. The reasons for this are clear when you understand how human beings respond to trauma. As social beings, when we experience danger, our instinctual response is to draw closer to our social group (family, parents, friends, etc.). This is a prehistoric instinct that probably helped human beings survive in a hostile environment. In addition, humans require other humans to respond to their emotions and help them contain overwhelming feelings. However, what happens when the danger is caused by our social group? What happens when violence comes from parents, spouse, friends, relatives? This instinctual response is so deep and powerful that the traumatized person still strengthens the connection, even though that response makes it harder to leave the dangerous situation (Bloom, 1997).

This helps explain why survivors of domestic violence have such a hard time leaving. Our deepest instincts say we must stay with those closest to us, in order to be safe. At the same time, in reality, those closest to us are causing us great harm. We may have similar difficulties if we experience rape or abuse outside the home, but we are afraid to tell our loved ones. Humans have an instinctual need to talk about danger and work through dangerous situations with others, yet sometimes our fear and shame get in the way of this healthy instinct. The person who experienced the trauma will connect very deeply to those closest to him, without being able to verbalize his distress.

More things we know about the effects of trauma on human beings:

- The experience of trauma in children often interferes with normal physical, psychological, social, and moral development
- Trauma has biological, psychological, social, and moral effects that are contagious and spread horizontally and vertically, across and throughout generations
- Many "symptoms" are actually behaviors that the traumatized person adopted as a coping skill, but the skill is now interfering with life instead of preserving it
- Chronic post-traumatic stress disorder occurs in many people who survive trauma
- People who survive trauma may struggle with dissociation and other coping strategies that keep their lives fragmented
- All survivors of trauma exhibit, to some extent, some core defenses including dissociation and repression
- One factor that makes stressful events more traumatic is helplessness or lack of control; children always experience this factor
- Traumatic experience and the disruption of attachments combine to produce defects in how we regulate and modulate our emotional experience
- People who experience repeated trauma may learn that they are helpless, inducing biochemical consequences that affect health and overall well-being
- Trauma survivors may identify with the perpetrator, struggle with managing aggression, and become perpetrators themselves
- We are all interconnected and interdependent; mutual safety is a shared responsibility

(Bloom, 1997)

How do you think an understanding of trauma will impact your work as a PSP?

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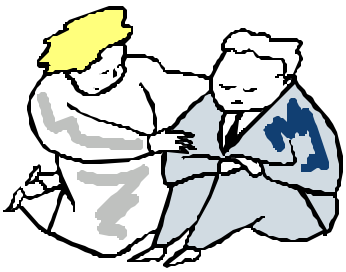
Often, people living with psychiatric illness are seen as "fragile," "unstable," "weak." Has anyone ever treated you that way? On the other hand, once we understand the experience of trauma and how people have survived, we can see that these people have incredible strength, resilience, even heroism. They show courage, intelligence, and even genius in developing coping mechanisms in order to survive. Without an understanding of the person's experience with trauma, we see those coping mechanisms as merely "crazy" and meaningless behavior.



The good news is, it is possible to recover from the effects of trauma, even if the trauma was a long time ago and the person has very deeply ingrained responses to the trauma. It takes considerable work, but because we know that survivors of trauma are strong and courageous, we know that they are capable of recovering.

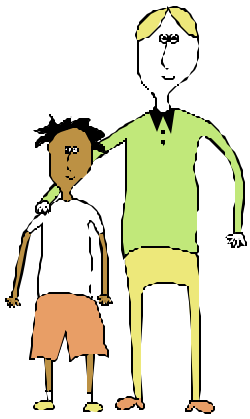
Healing from trauma involves three important components:

- Safety; creating a setting of genuine physical and psychological safety
- Telling the story; talking about the trauma with one or more person
- Reconnecting; recognizing old coping patterns and deliberately changing them

This is where you, as the Peer Support Provider, can play an important role. Because connection is so very important, remember that your relationship with the people you serve must be one of trust. Tell the truth. Keep your word. Don't make promises you cannot keep. Do not tell "white lies" or half truths. People who have survived trauma have experienced all of these and much more, and will be quick to detect judgment, lies, and hypocrisy. In order to help the person feel safe, you must be trustworthy. If you ask questions about a person's behavior, try to avoid implying "what's wrong with you?" It may be much more important to ask, "what happened to you?"

As a Peer Support Provider, you can listen when the person you serve wants to talk. Before you decide to listen to a person's story of trauma, be very clear about your own boundaries. Understand what might trigger you and what you can do to stay safe if that happens. Most peer

support workers are not qualified to do intensive work with a person around their trauma issues, but because of your peer relationship, the person you're serving may decide that you are the safest person. It's helpful to talk about our trauma experience. If you are able to listen respectfully, without judgment or disbelief, you will be providing a precious gift.



Attachment to other human beings is a basic, innate human need that is with us from the day we are born until the day we die. People who experience trauma at the hands of people close to them strengthen those attachments, because we automatically seek closeness when we feel threatened. Many people who have survived trauma have difficulty creating new, healthy relationships. The old, abusive relationships feel "normal" and we don't know how to act in a healthy relationship. We even learn how to recreate unhealthy attachments in new relationships. Peer Support Providers can help people recovering from trauma by modeling healthy relationships, and supporting them as they work to develop new relationships in the community.

Trauma re-enactment happens when a person's experience with trauma has completely changed the way they view life. Every relationship and every response to another human being will reflect their style of coping with trauma. This is why, for many people, it seems as though we will *never* be able to have a healthy relationship. Recovering from trauma includes identifying behaviors that once were coping mechanisms, but now get in the way of living a healthy, productive life. Trauma re-enactment happens in one-on-one relationships and in groups, too. We can start to reclaim our lives by identifying those behaviors that were once coping skills, but no longer serve us. Then we can begin to act in different ways.

Resources

Bloom, Sandra (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. London: Routledge.